

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

RECEIVED

for the

District of Minnesota

Troy K. Scheffler

Plaintiff/Petitioner

v.
HAMLINE UNIVERSITY

Defendant/Respondent

APR 22 2013

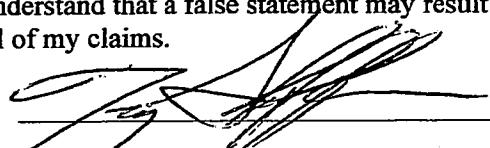
CLERK, U.S. DISTRICT COURT
ST. PAUL, MINNESOTA

Civil Action No. _____

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: 

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 04/17/13

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SCANNED

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U.S. DISTRICT COURT ST. PAUL

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 1,450.00	\$ 0.00	\$ 1,359.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 1,450.00	\$ 0.00	\$ 1,359.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
None			\$
None			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
None			\$
None			\$
None			\$

4. How much cash do you and your spouse have? \$ 30.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
US Bank	Checking	\$ 25.00	\$ 0.00
None		\$	\$
None		\$	\$

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (Value)	\$	119,200.00
Other real estate (Value)	\$	0.00
Motor vehicle #1 (Value)	\$	0.00
Make and year: None		
Model:		
Registration #:		
Motor vehicle #2 (Value)	\$	0.00
Make and year: None		
Model:		
Registration #:		
Other assets (Value)	\$	0.00
Other assets (Value)	\$	0.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Josh Murphy/Judgment	\$ 5,711.00	\$ 0.00
None	\$ 0.00	\$ 0.00
None	\$ 0.00	\$ 0.00

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
None		
None		
None		

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (<i>including lot rented for mobile home</i>) Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1,250.00	\$ 0.00
Utilities (<i>electricity, heating fuel, water, sewer, and telephone</i>)	\$ 250.00	\$ 0.00
Home maintenance (<i>repairs and upkeep</i>)	\$ 20.00	\$ 0.00
Food	\$ 50.00	\$ 0.00
Clothing	\$ 20.00	\$ 0.00
Laundry and dry-cleaning	\$ 10.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00
Transportation (<i>not including motor vehicle payments</i>)	\$ 20.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 100.00	\$ 0.00
Insurance (<i>not deducted from wages or included in mortgage payments</i>)		
Homeowner's or renter's: None	\$ 0.00	\$ 0.00
Life: None	\$ 0.00	\$ 0.00
Health: None	\$ 0.00	\$ 0.00
Motor vehicle: None	\$ 0.00	\$ 0.00
Other: None	\$ 0.00	\$ 0.00
Taxes (<i>not deducted from wages or included in mortgage payments</i>) (<i>specify</i>):	\$ 0.00	\$ 0.00
Installment payments		
Motor vehicle: None	\$ 0.00	\$ 0.00
Credit card (<i>name</i>): None	\$ 0.00	\$ 0.00
Department store (<i>name</i>): None	\$ 0.00	\$ 0.00
Other: None	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00

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Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$ 0.00	\$ 0.00
Other (<i>specify</i>): None	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 1,720.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? \$ 0.00

If yes, state the attorney's name, address, and telephone number:

Contingency

Peter Nikitas

431 S 7th St. #2446, Minneapolis, MN 55415

651-238-3445

11. Have you paid — or will you be paying — anyone other than an attorney (*such as a paralegal or a typist*) any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? \$ 0.00

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I became disabled and am scrambling to re-modify my mortgage. I just cancelled my refuse service to save money as my neighbors said I could use theirs. I am on a strict fixed income with a multitude of public programs helping out which I am grateful for, ie with gas and electric, food, phone company, ACCAP, etc. It was impossible for me for me to quantify this all in the space above. Next month Medicare deductions start...

13. Identify the city and state of your legal residence.

Coon Rapids, MN

Your daytime phone number: (763) 225-7702

Your age: 37 Your years of schooling: 18

Last four digits of your social-security number: 9105

Prisoners: The following Certificate page *must* be completed by an authorized prison official and provided with this application.

**Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information**

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: March 1, 2013
Claim Number: 352-78-9105HA

III. THE CLOTHES

016510 1 AT 0.384 0073 LTN T24 PC7 0222

TROY K SCHEFFLER
965 104TH AVE NW
COON RAPIDS MN 55433-4976

You are entitled to Medicare hospital and medical insurance beginning April 2013.

What We Will Pay And When

- You will receive \$1,359.00 for March 2013 around April 3, 2013.
- After that you will receive \$1,359.00 on or about the third of each month.

Information About Medicare

Your monthly premium for Medicare Part B (medical insurance) is \$104.90 beginning April 2013.

IMPORTANT: A Medicare law requires some higher income persons to pay higher premiums. The law applies to premiums for Medicare Part B (medical insurance) and prescription drug coverage. The law generally affects individuals with incomes higher than \$85,000 and couples with incomes higher than \$170,000. We will contact the Internal Revenue Service to get information about your income. If we decide that you have to pay higher premiums, we will send a letter explaining our decision. The higher amount will be effective April 2013. For more information, please visit www.socialsecurity.gov on the Internet or call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

We deduct Medicare medical insurance (Part B) premiums 1 month in advance.

We will start to take premiums out of your April 3, 2013 check.

Medicare Prescription Drug Plan Enrollment

Now that you are eligible for Medicare, you can enroll in a Medicare prescription drug plan (Part D).

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To learn more about the Medicare prescription drug plans and when you can enroll, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage.

If you have limited income and resources, we encourage you to apply for the extra help that is available to assist with Medicare prescription drug costs. The extra help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

If You Disagree With The Decision

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

